RABIES HISTORY

ANIMAL DISEASE LABORATORY

(To be submitted with animal specimen) SPECIMEN INFORMATION	NEVADA STATE DIVISION OF AGRICULTURE 350 Capitol Hill Avenue Reno, Nevada 89502 Telephone (702) 688-1185
SPECIMEN INFORMATION	
Species	OWNERSHIP INFORMATION
Date submitted	Wild □ Stray □ Owned □
Rabies Vaccination: No 🗆 Unknown 🗆 Yes 🗆	Owner: Name
Date of Vaccination	Address
License Status: Yes No Information	
Animal's behavior before death	I Leiennone
	Address
	DatefoundCounty
) Unknown Yes (If YES, describe type, severity, location,
D	n. i. i i .
Person Exposed: Name	Physician: Name
Address	
Audiess	
Date ExposedTelephone	Telephone
tion, etc.)	ck) Unknown Yes (If YES, describe type, severity, loca-
Animal Exposed:	Date of Exposure
Description (species, etc.)	Owner's Name
	Address
Rabies Vaccination	
No □ Unknown □ Yes □ Date	400 NN - 15 - 15 A CHEANTAIN AND AND AND AND AND AND AND AND AND AN
Circumstances surrounding exposure	

SUBMITTOR	
SUBMITTOR	
Agency (if applicable)	
Name (officer or individual)	
Address	Telephone
ADDITIONAL REPORTS With exception of positive cases,	telephone and written reports will be made only to the submittor unless
otherwise specified below:	
	ldress Telephone
LABORATORY USE ONLY	
LABORATORI USE UNLI	
	Lab Accession No
Condition of Specimen	
	Person Reporting
Reported to (person's name)	

This diagnostic procedure was performed by the Nevada Division of Agriculture, Bureau of Animal Industry, as a State supported public service.

